



TFW 1645

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| TRANSMITTAL FORM (to be used on all correspondence after initial filing) | | ATTORNEY DOCKET NO. 70050.0007US1 | |
| | | U.S. APPLICATION SERIAL NO. 09/839,695 | CONFIRMATION NO. 1785 |
| | | FILING DATE April 19, 2001 | |
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| INVENTOR(S) Naomi BALABAN | | EXAMINER Jana A. Hines | GROUP ART UNIT 1645 |
| TITLE OF APPLICATION METHODS AND COMPOSITIONS FOR THE TREATMENT AND PREVENTION OF STAPHYLOCOCCUS AUREUS INFECTIONS | | | |

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| ADDRESS TO: | Mailstop Issue Fee Commissioner for Patents P.O. BOX 1450 ALEXANDRIA, VA 22313-1450 |
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| ENCLOSURES | |
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| <input checked="" type="checkbox"/> Revocation and New Appointment of Power of Attorney and Change of Correspondence Address (1 page, executed) | |
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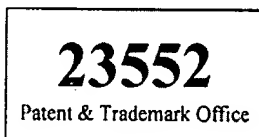


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| | | U.S. APPLICATION SERIAL NO. 09/839,695 | CONFIRMATION NO. 1785 | |
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I hereby appoint the practitioners associated with Customer Number



to transact all business in the U.S. Patent & Trademark Office in connection with this application.

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| | | | | |
|---|----------------------|-----------|--------------|--|
| SIGNATURE of Applicant of Record | | | | |
| Signature | <i>Naomi Balaban</i> | | | |
| Name | NAOMI BALABAN | Title | S. | |
| Date | S. 11. 06 | Telephone | 508-435-1022 | |
| NOTE: Signatures of all of the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. | | | | |